

Name
in
Full

Margaret A. Bayer

CERTIFICATE OF DEATH

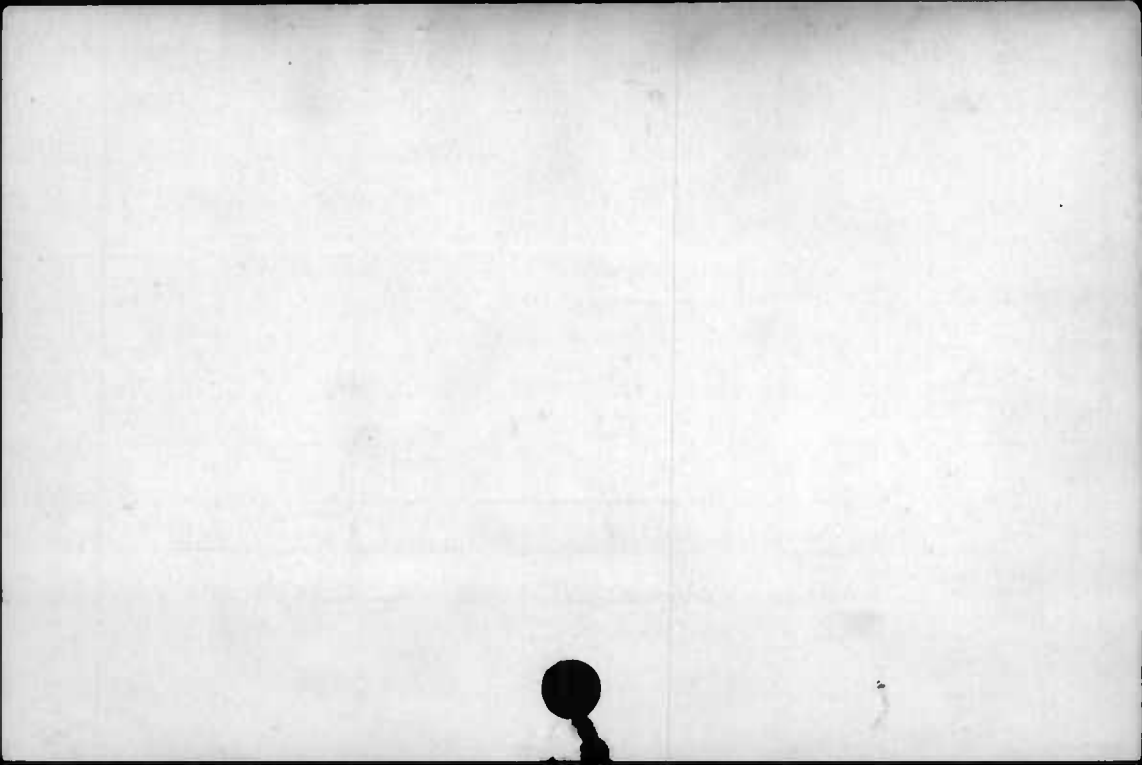
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hillsboro</u> ^{Town}		<u>Coralie</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>17</u>	Years <u>74</u>	Months <u>5</u>	Days <u>25</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Pa.</u>		
Occupation <u>Retired</u>	Where Residing if not at place of death <u>- - - - -</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>M. P. Bayer</u>				
Father's Name <u>Wm. R. Long</u>	<u>(14)</u>		Father's Birthplace <u>Pa.</u>		
Mother's Maiden Name <u>Elysa Strong</u>			Mother's Birthplace <u>Pa.</u>		
Name of person giving Information <u>Sister Mrs. E. L. Thompson</u>			How related to deceased <u>- - - - -</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Supposed apoplexy</u>	How long	<u>Sick about</u>
	<u>Debt when I arrived</u>	How long	<u>Five minutes</u>
Immediate	<u>Five minutes was supposed -</u>		
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Robley Gaskett</u>
		Address	<u>Queen Anne Md.</u>
Accident or Suicide?	<u>No -</u>		



Name
in
Full

Emma Collins

CERTIFICATE OF DEATH

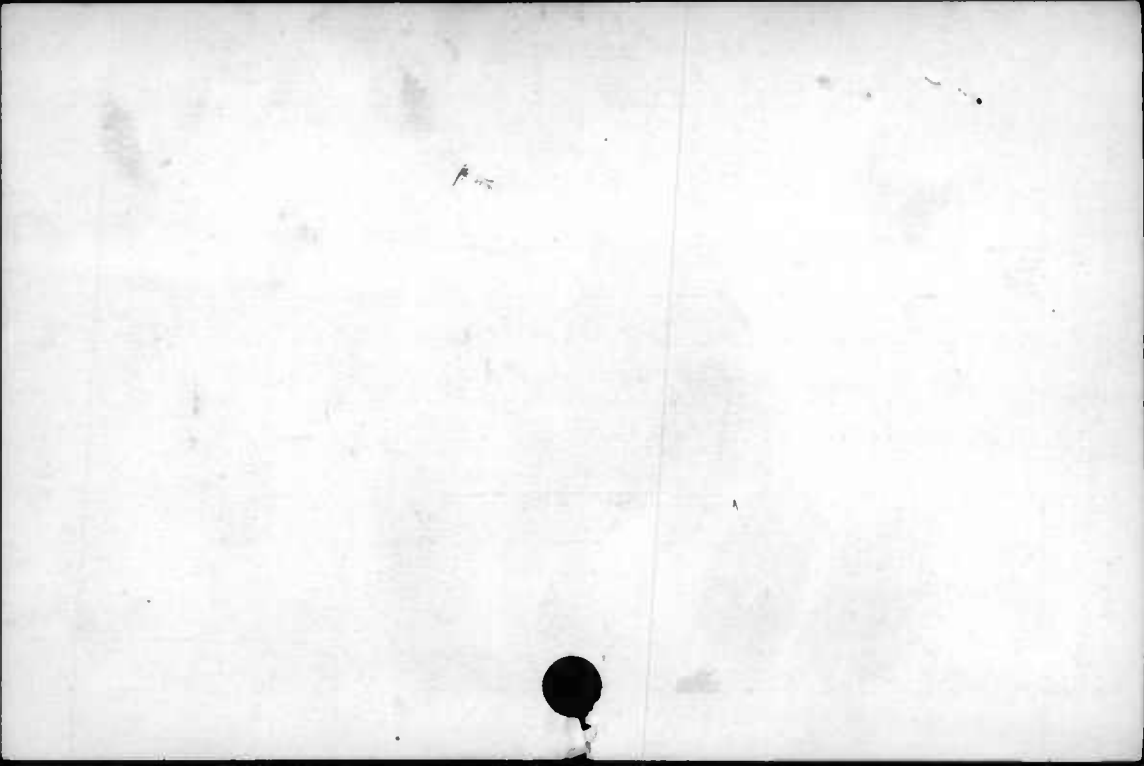
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>New Hillsboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>31st</i>	Age <i>23</i>	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Ind.</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ernest Collins</i>				
Father's Name <i>Charles E. Butler</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Charlotte A. Groves</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Chas E. Butler</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 mos.</i>
Immediate <i>Emphysema</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. T. Rowe</i>
	Address <i>Hillsboro, Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

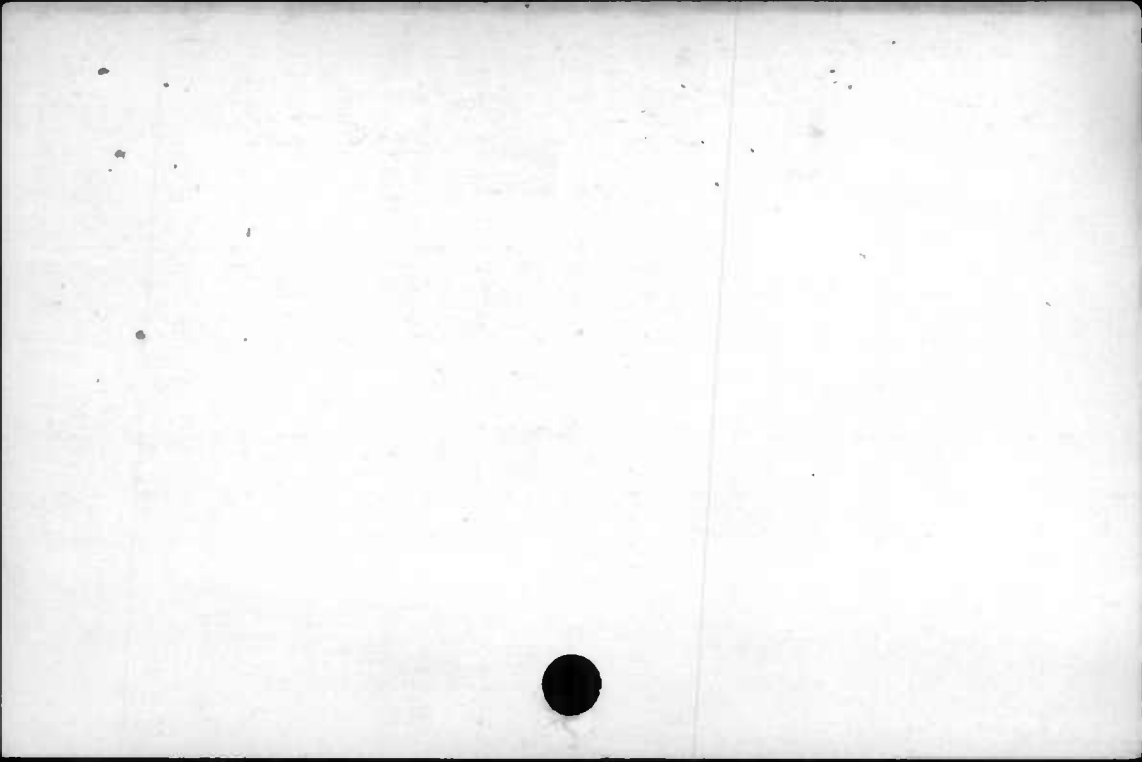
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>May Hillsboro</i>		County <i>Collins</i>		MARYLAND	
Date of death	1906	Month	May	Day	33
Age	Years		Months		Days
Sex	Male		Color or Race	Black	
Occupation	—		Birth-place	Ms.	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband			—		
Father's Name			Ernest Collins		
Mother's Maiden Name			Emma Butler		
Name of person giving information			Chas. E. Butler		
Father's Birthplace			Md.		
Mother's Birthplace			Md.		
How related to deceased			Grandfather		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility - from arteriosclerosis.</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address		H. N. B. Rowe,	
Accident or Suicide?		Hillsboro, Md.	



Name
in
Full

Willie Dixon

CERTIFICATE OF DEATH

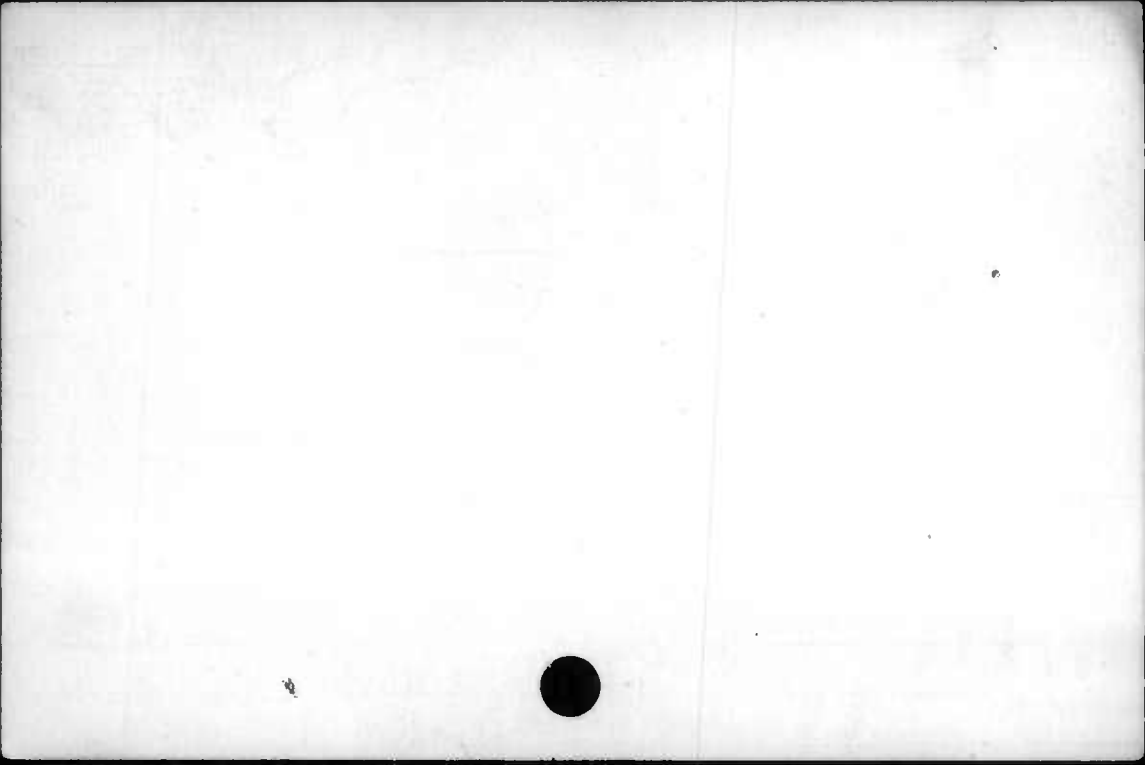
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death	1906	Month	May	Day	23	Age	—
Sex <i>Male</i>		Color or Race <i>Black</i>		Months <i>8</i>		Days <i>11</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Birth-place <i>Near Denton</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Ernest Dixon</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Matilda Flanner</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>George Brown</i>		How related to deceased <i>Aunt</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	(93)	How long	<i>10 days</i>
Immediate	<i>Convulsions</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. W. Simmons</i>		
		Address <i>Denton, Ind.</i>		
Accident or Suicide?				



Name
in
Full

Born. Douglass

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>5</u>	Day <u>3</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>—</u>	
Occupation <u>—</u>			Where Residing If not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>J. Edward Douglass</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Nellie D. Robbins</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>—</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born.</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>J. N. Nichols M.D.</u>
<u>—</u>	Address <u>Denton Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ridgely Md*

Town

Caroline

County

Date
of death *1906*

Month

May

Day

13

Age

Years

1

Months

6

Days

8

Sex

Color or
Race*Colored*Birth-
place*Caroline Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*John R. Gould*Father's
Birthplace*Greenland Co. Md.*Mother's
Maiden Name*Delcy Simpson*Mother's
Birthplace*Greenland Co. Md.*Name of person giving
information*John R. Gould*How related
to deceased*Father*

CAUSES OF DEATH

Primary

*Pneumonia**(93)*

How long

Two weeks

Immediate

didn't see it in last

How long

*abt. one week*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*H. M. Richards
Ridgely,
Md.*

Accident or Suicide?

Hope

Name
in
Full

Capt J. E. Hutchins

CERTIFICATE OF DEATH

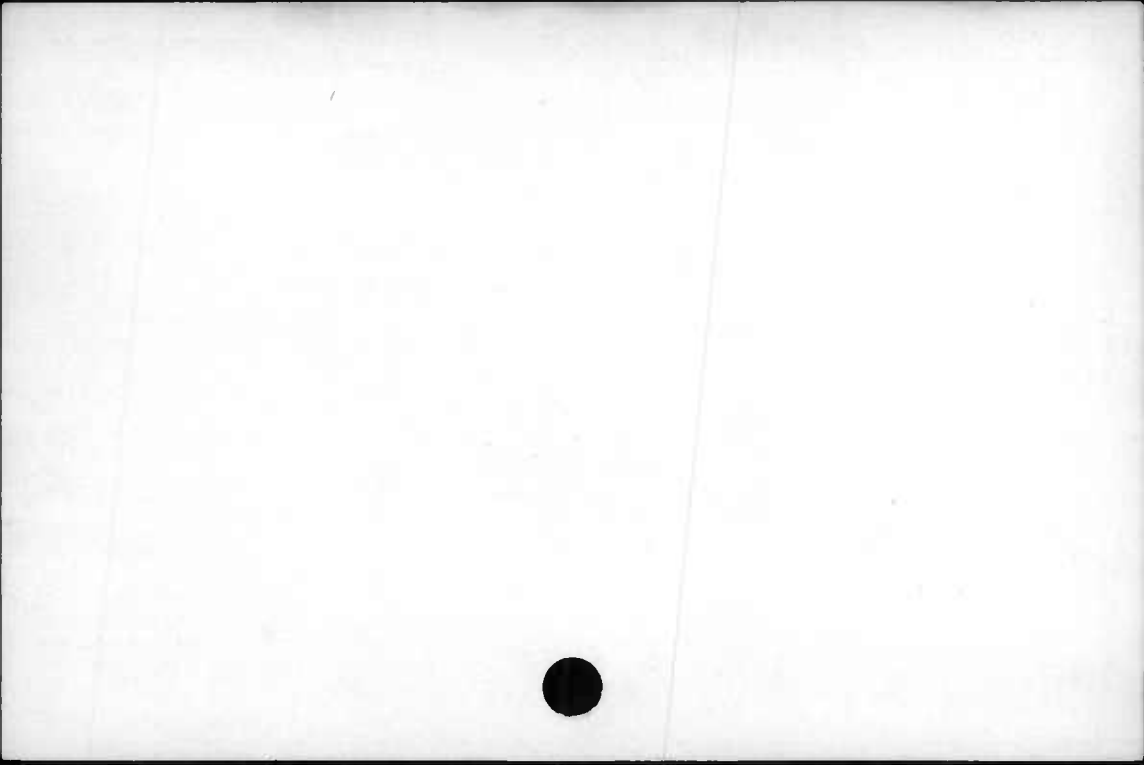
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dent		County Caroline		MARYLAND	
Date of death		1906	Month May	Day 16	Age 57	Months	Days
Sex		Male		Color or Race White		Birth-place Maryland	
Occupation Agent				Where Residing if not at place of death Dent Md			
Married, Single or Widowed		Married		Name of Wife or Husband Mary Parramore			
Father's Name John Hutchins				Father's Birthplace Maryland			
Mother's Maiden Name Elizabeth Dukes				Mother's Birthplace			
Name of person giving information M. May Hutchins				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	2 Yrs
Immediate	Bright's Disease Exhaustion	How long	that time
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. M. Ch. Terry M.D.	
Address		Dent Caroline Co Md	
Accident or Suicide?		-	



Name
in
Full

Louisa Lewis

CERTIFICATE OF DEATH

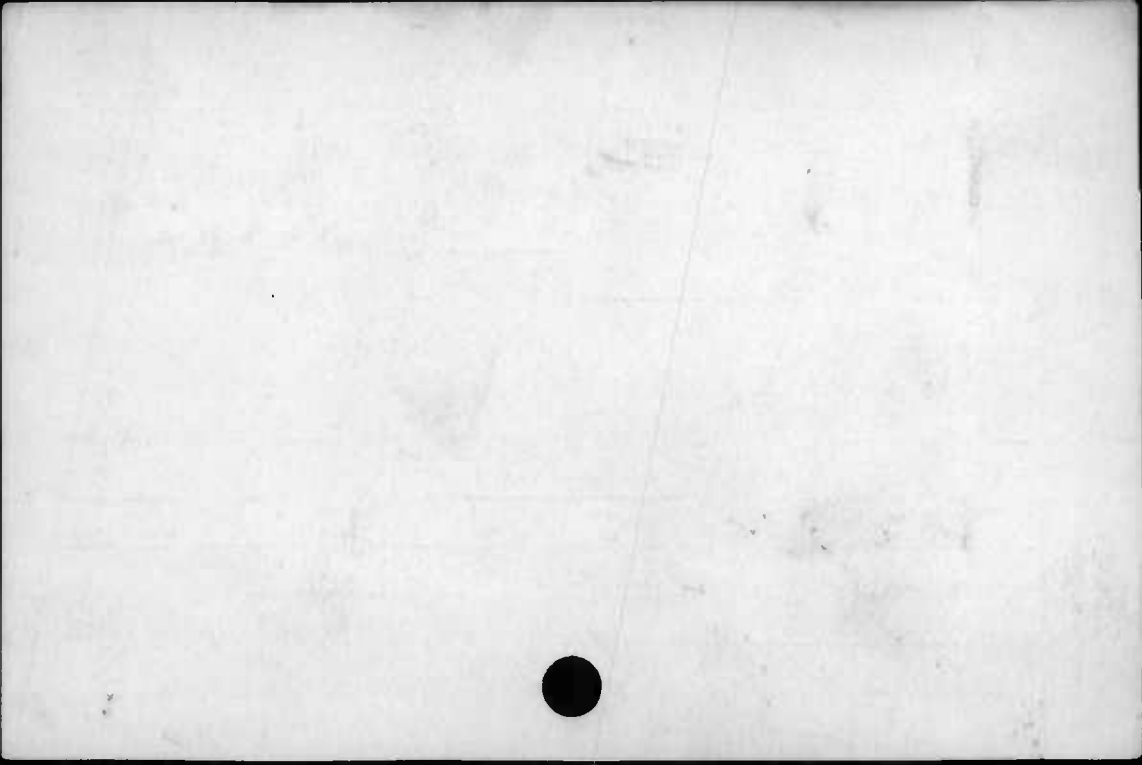
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>May</i> <small>Month</small>	<i>31</i> <small>Day</small>	Age <i>76</i> <small>Years</small>	<i>supposed</i> <small>Months</small>	<small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Richard Street</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Richard Lewis</i>				
Father's Name <i>Reck Washington Clark</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Louisa Clark</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Eliza Taylor</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Age</i>	How long
Immediate <i>Paralysis</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. W. Simment</i>
	Address <i>Denton, Md.</i>
Accident or Suicide?	



Name
in
Full

Josephine McClellan

CERTIFICATE OF DEATH

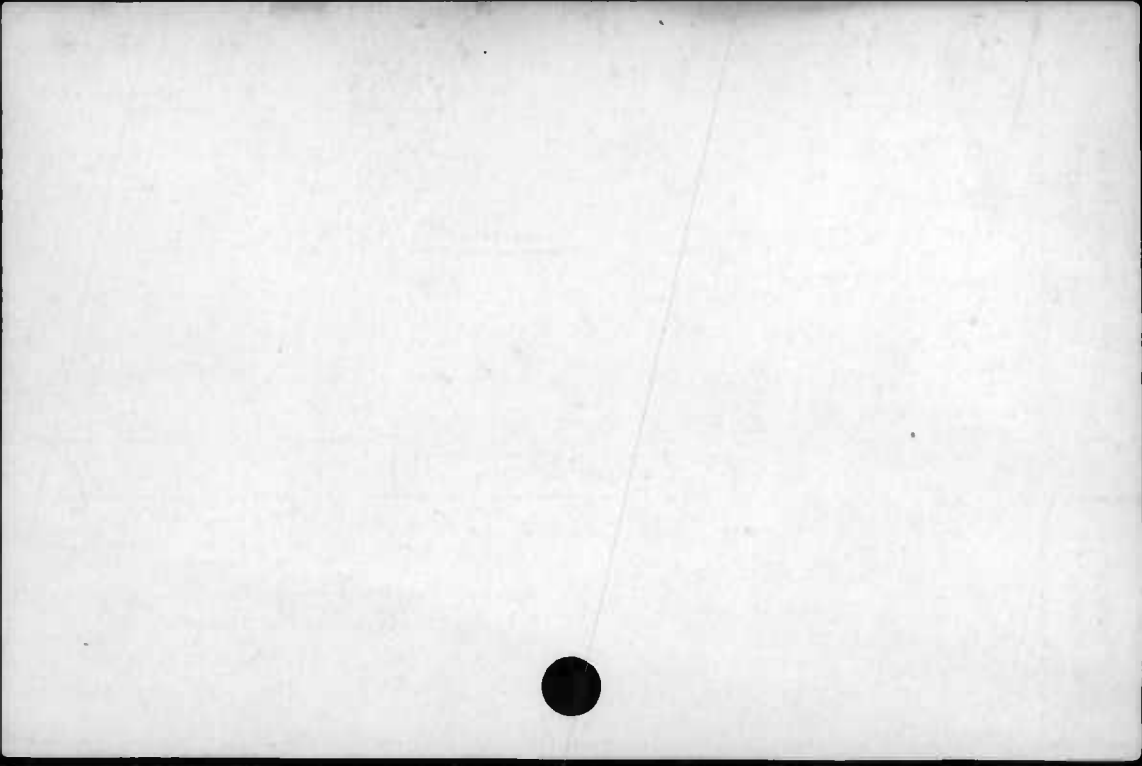
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millister</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>8</i>	Age <i>47</i>	Years <i>47</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Carroll</i>		
Occupation <i>farm wife</i>		Where Residing if not at place of death <i>Millister</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Henry Beecham</i>		Father's Birthplace <i>Carroll</i>			
Mother's Maiden Name <i>Sallie Beecham</i>		Mother's Birthplace <i>Carroll</i>			
Name of person giving In formation <i>Laura Cohen</i>		How related to deceased <i>Sister in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Heart</i>	How long <i>3 months</i>
Immediate <i>Same</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Fisher</i>
	Address <i>Millister</i>
Accident or Suicide? <i>—</i>	<i>Wm. J.</i>



Name
in
Full

Sister Mary Dominica Mohr -

CERTIFICATE OF DEATH

Died at *The Plains* ^{Town}*Caroline* ^{County}

MARYLAND

Date of death *1906 May*Day *16*Age *Years*

Months

Days

Sex *Female*Color or Race *Caucasian*Birth-place *Germany*Occupation *Religious*Where Residing if not at place of death *-*Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Michael Mohr*Father's Birthplace *Germany*Mother's Maiden Name *Eva Nieberle*Mother's Birthplace *Germany*Name of person giving information *M. Doloresa Berg.*

How related to deceased

CAUSES OF DEATH

Primary *Pneumonia Pulmonalis*
*& Exhaustion*How long *4 years*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

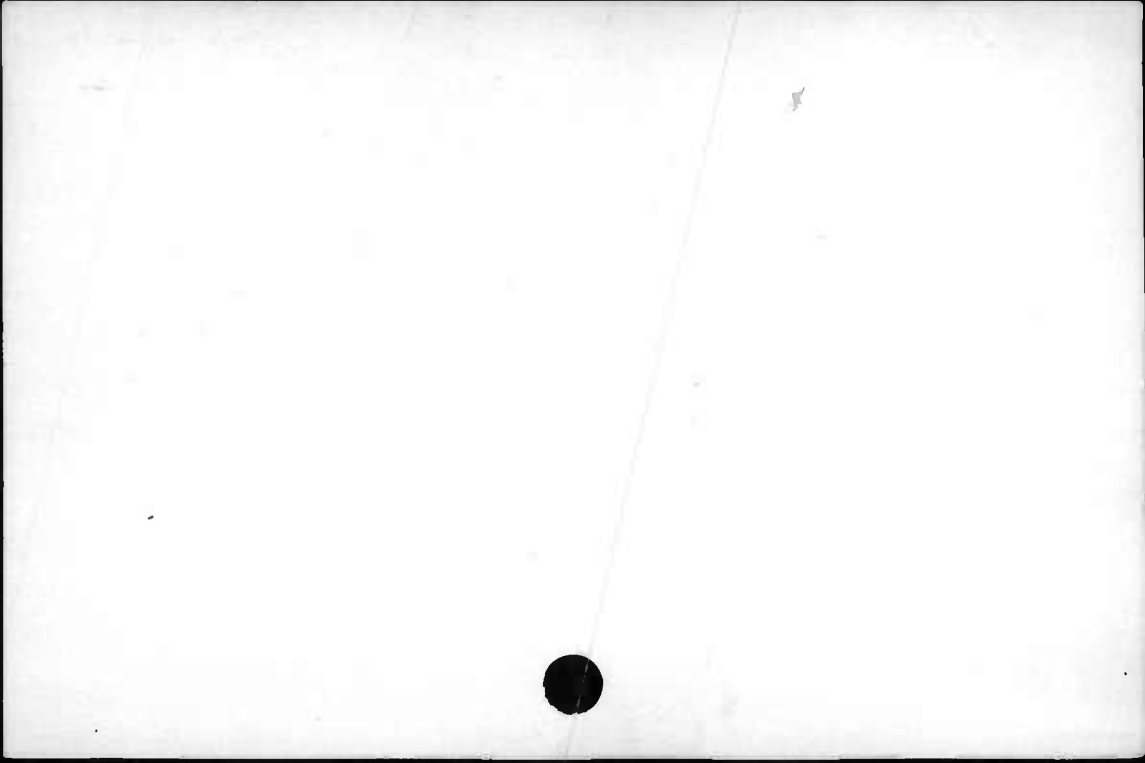
Signature of Physician

Address

S. D. Sloan M.D.
Piquette
Mich.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

L. B. Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Ridgely

Town

Caroline

County

Date

of death

1906

Month

May

Day

29

Age

60

Years

Months

9

Days

14

Sex

Male

Color or
Race

Caucasian

Birth-
place

Sussex Co Del

Occupation

Liveryman

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Morris

Father's
Name

Dad Morris

Father's
Birthplace

Sussex Co Del

Mother's
Maiden Name

Mary Truitt

Mother's
Birthplace

" " "

Name of person giving
Information

H. W. Smith

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

30 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

D. D. Stone

Address

Ridgely
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full George N. Paswater				Town Downs		County Caroline		STATE MARYLAND	
Died at		Date of death		Month		Day		Years	
		1906 May 12		May		12		32	
Sex		Color or Race		Months		Days		Birthplace	
Male		Caucasian		10		16		Old -	
Occupation Farmer				Where Residing if not at place of death -					
Married, Single or Widowed		Name of Wife or Husband							
Married		Minnie A. Downs							
Father's Name Jos. E. Paswater				Father's Birthplace W. Va.					
Mother's Maiden Name Maggie E. Adams				Mother's Birthplace W. Va.					
Name of person giving information Geo. E. Paswater				How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Mania. (18)		How long 3 weeks	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician D. J. Stone M.D.	
		Address Ridgely Md	
Accident or Suicide?			

Hellsboro

Name
in
Full

Sarah Ella Peck

CERTIFICATE OF DEATH

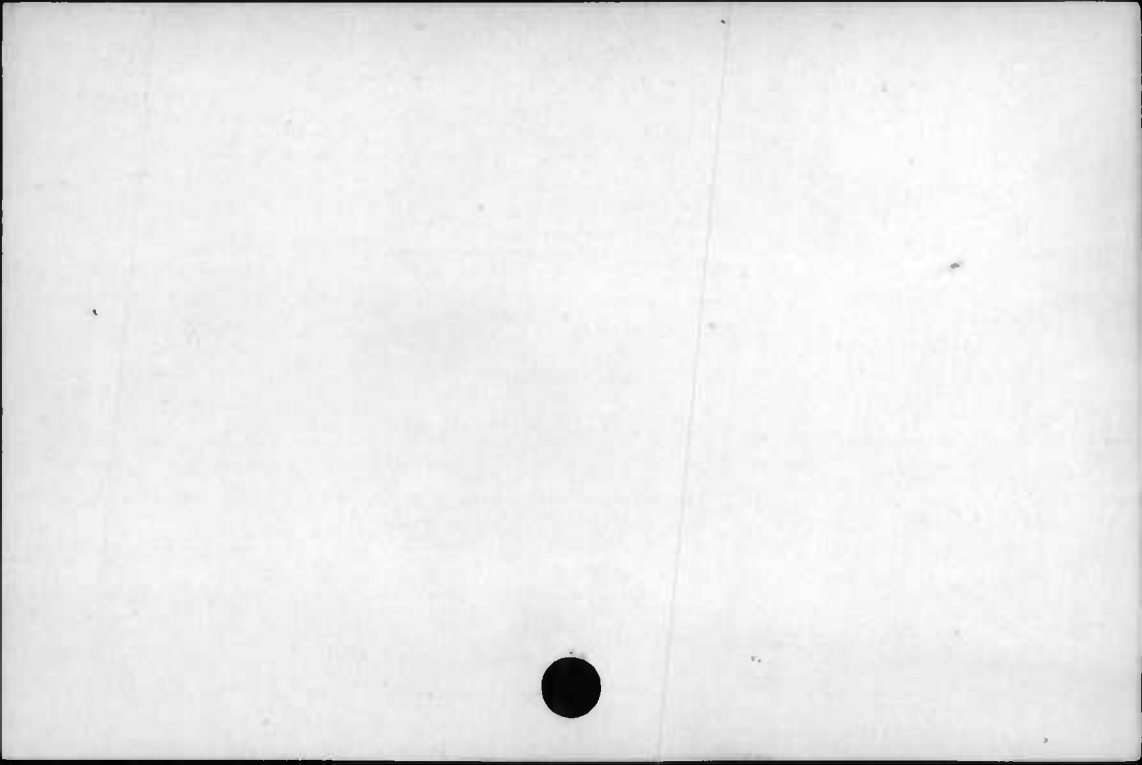
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hillsboro</u> ^{Town}		<u>Conline</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>5-</u>	Day <u>8</u>	Years <u>36</u>	Months <u>11-</u>	Days <u>20-</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Ind.</u>			
Occupation <u>Laborer</u>	Where Residing If not at place of death _____				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>George Peck</u>	Father's Birthplace <u>Ind. La. Co.</u>				
Mother's Maiden Name <u>Mariah Berry</u>	Mother's Birthplace <u>Ind. Conline Co.</u>				
Name of person giving information <u>Henrietta Freeman</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis Pulmonalis</u>	How long <u>1 yr -</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Reahley Hockett</u>
	Address <u>Queen Anne Ind.</u>
Accident or Suicide? <u>no -</u>	



Name
in
Full

CERTIFICATE OF DEATH

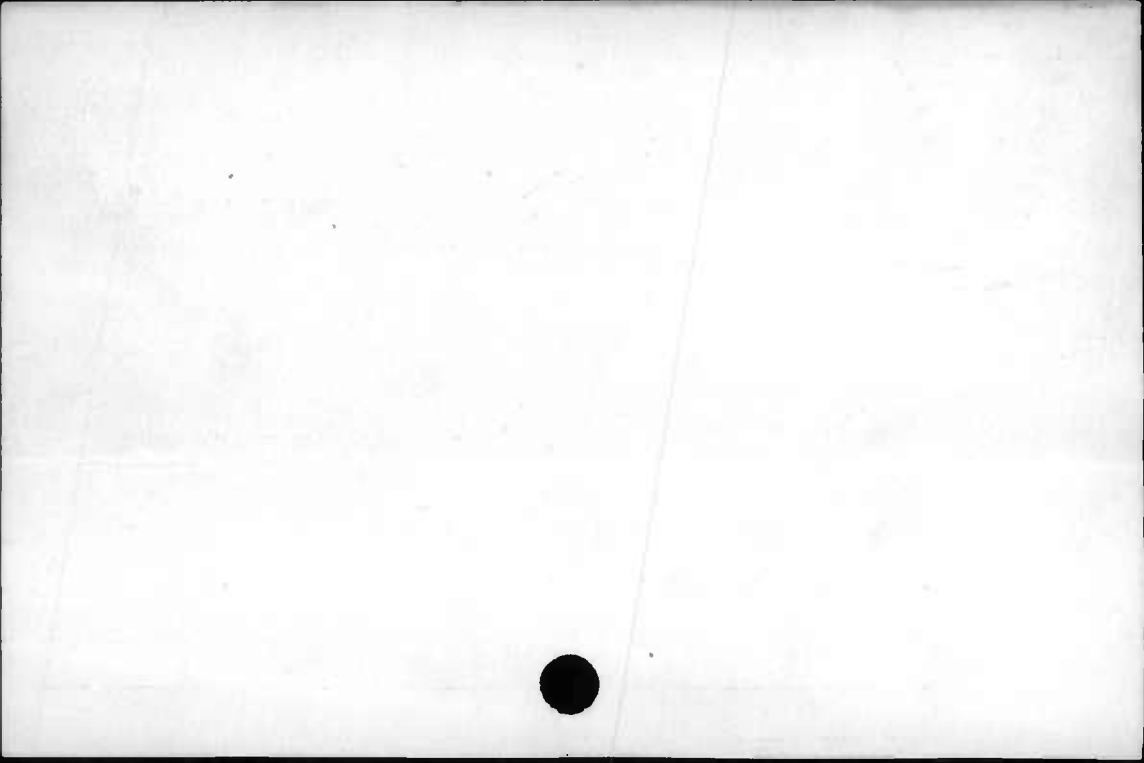
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericksburg</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>13</i>	Age <i>64</i>	Years <i>64</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Orwell, Pennsylvania</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single, or Widowed <i>Single</i>		Name of Wife or Husband <i>Gen. M. Prince</i>			
Father's Name <i>Jonathan Butcher</i>			Father's Birthplace <i>Conn.</i>		
Mother's Maiden Name <i>Alma Corcoran</i>			Mother's Birthplace <i>Conn.</i>		
Name of person giving information <i>Edna Prince</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia, Cerebral Hemiparesis</i>	How long <i>2 yrs. -</i>
Immediate <i>Exhaustion</i>	How long <i>6 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. F. Galloway</i>
	Address <i>Fredericksburg</i>
Accident or Suicide? <i>—</i>	<i>Ind.</i>



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
R CORONER

CERTIFICATE OF DEATH

MARYLAND


Sex	male	Color or Race	Colored	Birth-place	Long Point
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Occupation <i>Marine Engineer</i>	Where Residing if not at place of death <i>at Bridgman</i>
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Married, Single or Widowed Married Name of Wife or Husband Charles R. Leach

Father's Name	James Staley	Father's Birthplace	Kent Island
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Mother's Maiden Name	Charlotte Harris	Mother's Birthplace	Kent Island
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Name of person giving information		How related to deceased

CAUSES OF DEATH

Primary	How long
Bad Cold + lack of nourishment -	Three months

Immediate	Consumption (Twisted away)	How long	Two months
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Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. M. Richards*

Address Ridgely, Ind.

Accident or Suicide?

Bonafede

Name
In
Full

Arthur Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Denton		County Caroline		MARYLAND	
Date of death	1906	Month May	Day 26	Age 38	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Maine
Occupation	Painter			Where Residing if not at place of death Denton Maine			
Married, Single or Widowed	Married		Name of Wife or Husband	Indie Beauchamp			
Father's Name	Elias W. Williams					Father's Birthplace	Maine
Mother's Maiden Name	Eliza A. Fisher					Mother's Birthplace	"
Name of person giving information	Lacy Stephens					How related to deceased	Brother & Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	3 weeks
Immediate	"	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. George M. D.
		Address	Denton Caroline County Maryland
Accident or Suicide?	-		

